

Name  
in  
Full228  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		July	10	73			
Sex	Male	Color or Race	White	Birth-place	Somerset Co. Md.		
Occupation	Laborer			Where Residing if not at place of death	✓		
Married, Single or Widowed	Married		Name of Wife or Husband	Susan J. Beale			
Father's Name	Thomas Beale			Father's Birthplace	Somerset Co. Md.		
Mother's Maiden Name	Matilda Hayden			Mother's Birthplace	Somerset Co. Md.		
Name of person giving Information	James J. Thomson			How related to deceased	None		

## CAUSES OF DEATH

78

Primary	Myocarditis	How long	Approx 4 months
Immediate	Cardiac asthma	How long	Five hours
Are the name, age, sex, color, date and place correctly given above?	As far as I know.	Signature of Physician	R. Lee Hall
		Address	Pocomoke City, Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Cathrine, Bridgell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Berlin* Town *Nov.* County *MARYLAND*

Date of death *1960 Feb. 3* Month *3* Day *2* Age *2* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Col.* Birth-place *Near Berlin*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Leben, Bridgell* Father's Birthplace *Near Berlin*

Mother's Maiden Name *Mannie Miller* Mother's Birthplace *" "*

Name of person giving Information *J. B. Henry* How related to deceased *Friend*

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary *Burn (Clothing catching fire)* How long *1 hour*

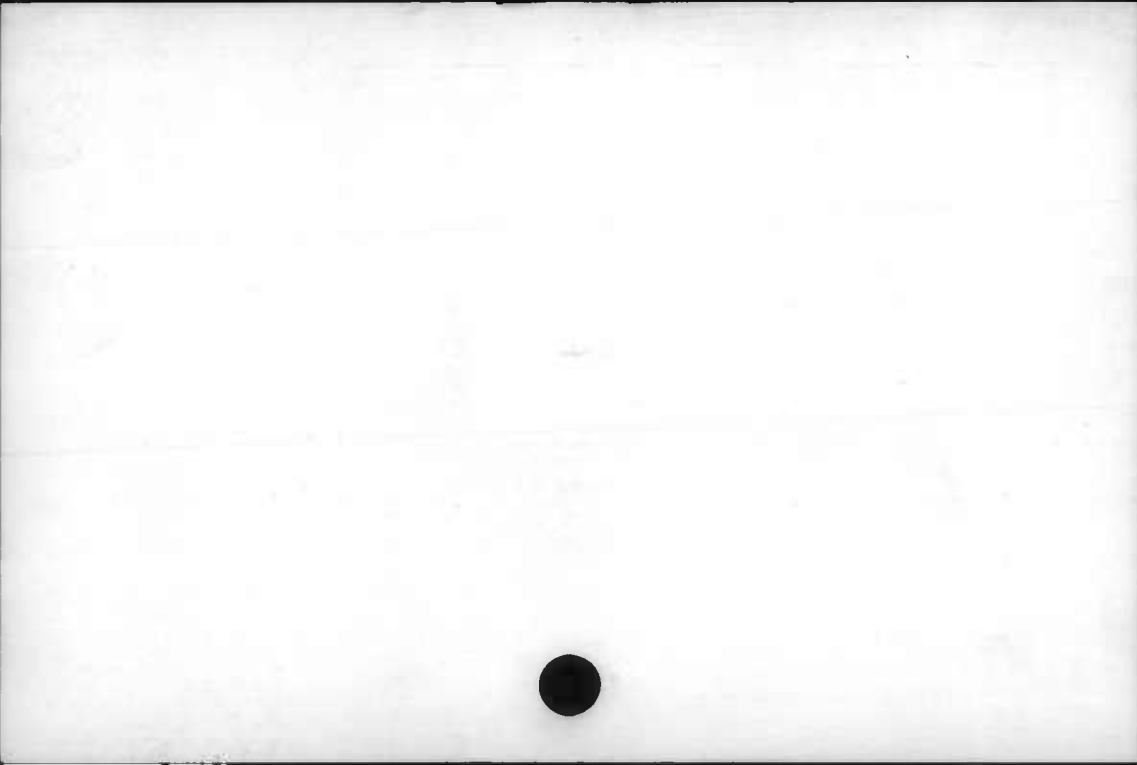
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. B. Lyndall*

Address *Barber, Md*

Accident or Suicide *—*



Name  
in  
Full

Rosa F Cansley

232

CERTIFICATE OF DEATH

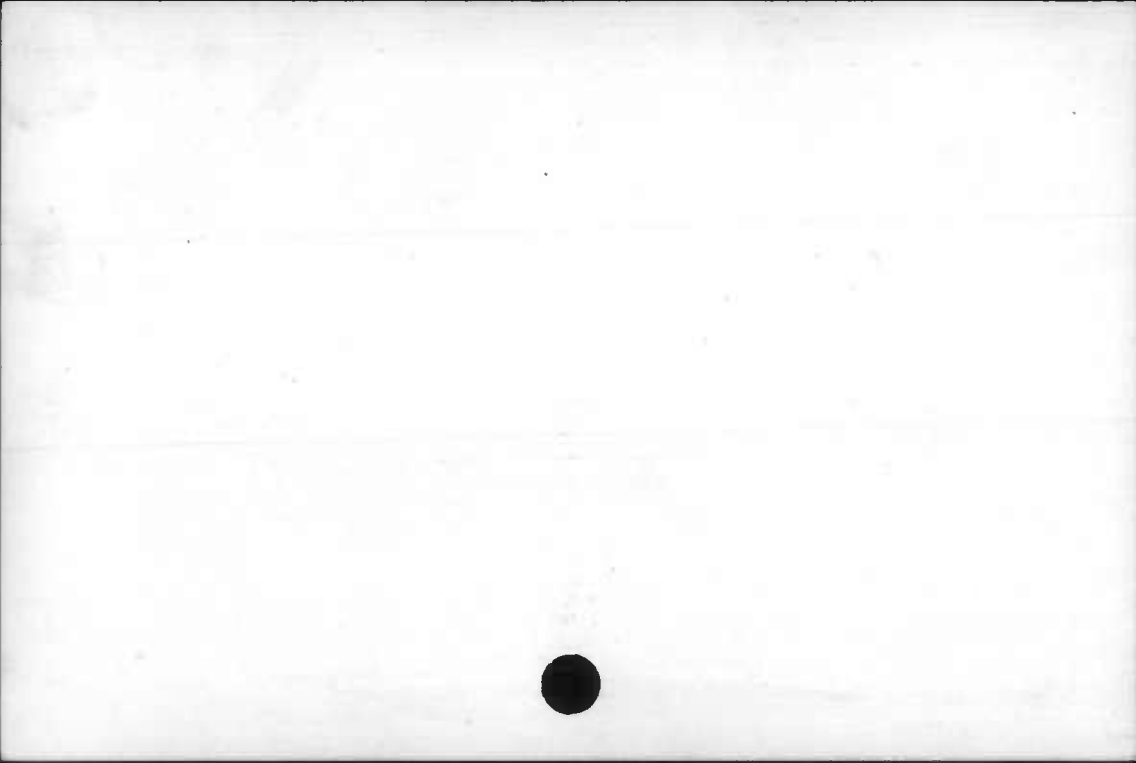
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Feb	26	77		3	24
Sex		Color or Race		Birthplace			
Female		White		Monroester Co			
Occupation				Where Residing if not at place of death			
domestic				Pocomoke city			
Married, Single or Widowed		Name of Wife or Husband					
Married		Samuel W H Cansley					
Father's Name		Father's Birthplace					
Joseph Schoolfield		Monroester					
Mother's Maiden Name		Mother's Birthplace					
Nancy Lambden		" "					
Name of person giving Information		How related to deceased					
Wm Cansley		Son					

CAUSES OF DEATH

Primary	Indigestion + Malnutrition	How long	1 yr
Immediate	Exhaustion + Collapse	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		[Signature]	
		Address	
		Pocomoke city	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Unnamed

Dennis

N

226

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Pocomoke <sup>Town</sup> Worcester <sup>County</sup> MARYLAND  
Date of death 1960 <sup>Month</sup> Feb <sup>Day</sup> 8 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 2  
Sex Male Color or Race Black Birth-place Near Pocomoke Md  
Occupation — Where Residing if not at place of death Near Pocomoke

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Henry Dennis Father's Birthplace Maryland  
Mother's Maiden Name Ethyma Dennis Mother's Birthplace Maryland  
Name of person giving Information Harriet Long How related to deceased midwife

CAUSES OF DEATH

Primary Born Weak How long Birth  
Immediate would not nurse How long 2 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Ephraim Hillman  
Address a city center Justice of the Peace

Accident or Suicide





Name  
in  
Full

Mrs. Annie E. Fossett

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Near Berlin		Mon					
Date of death	Month	Day	Years	Months	Days		
1900	July	20	Age 73				
Sex	Female	Color or Race	White	Birthplace	Near Salisbury		
Occupation	Farmer's Wife			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband		Geo. W. Fossett	
Father's Name	Elijah Holloway			Father's Birthplace		Near Salisbury	
Mother's Maiden Name	Sally F. Heaps			Mother's Birthplace		" "	
Name of person giving Information	Thos. Fossett			How related to deceased		Son	

## CAUSES OF DEATH

Primary General Debility How long 4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

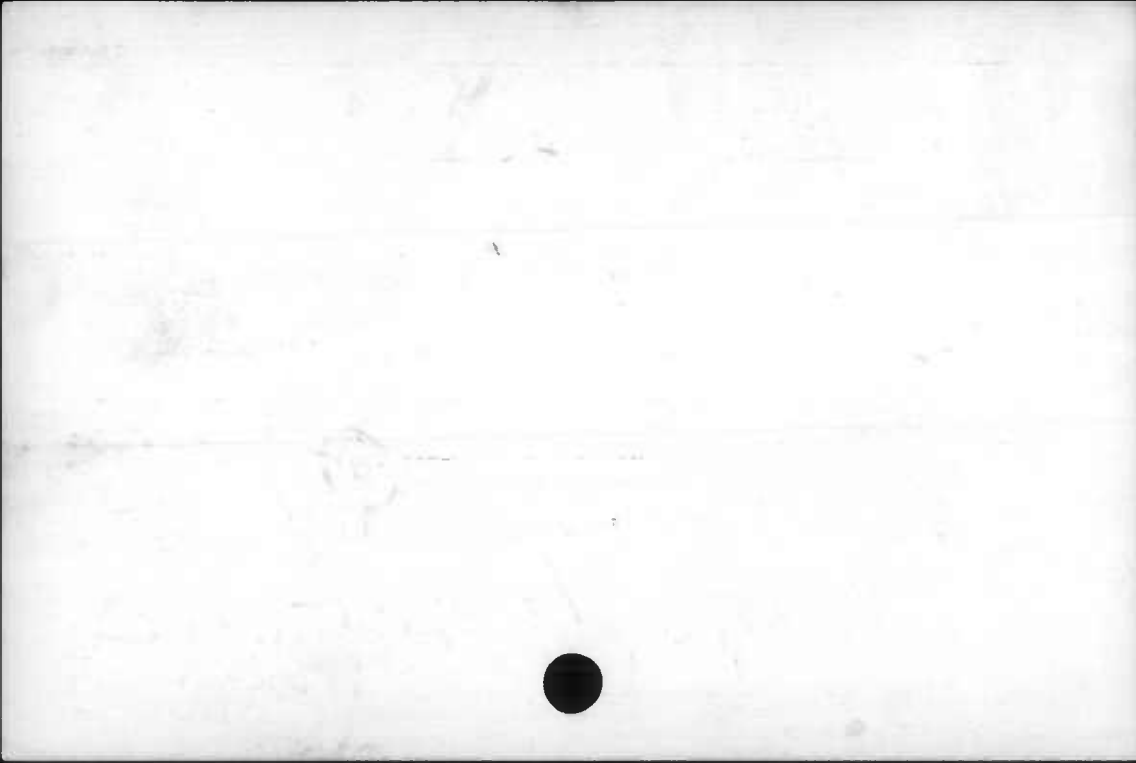
Signature of Physician

Address

Arable Byndall  
Berlin  
md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Miles Hitchens

230  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at

Pocomoke city

County

Worcester

MARYLAND

Date

of death

1900 Feb

Month

Day

18

Age

30

Years

Months

3

Days

11

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Carpenter

Where Residing if not  
at place of death

Pocomoke city

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Isaac W Hitchens

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Emma C Landring

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Ephraim Hillman

How related  
to deceased

step father

## CAUSES OF DEATH

28

✓

Primary

Tubercular Tuberculosis

How long

4 yrs

Immediate

Cerebral thrombosis

How long

3 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. M. Hitchens  
Pocomoke city

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		February	6	Age	20		
Sex	Female	Color or Race	Colored		Birth-place	Near Berlin	
Occupation	House wife			Where Residing if not at place of death	Ocean City		
Married, Single or Widowed	Married		Name of Wife or Husband	James Morris More cal			
Father's Name	James Morris cal				Father's Birthplace	Near Berlin	
Mother's Maiden Name	Mag. Whaley				Mother's Birthplace	Whaleyville	
Name of person giving Information	William Little				How related to deceased	None	

## CAUSES OF DEATH

Primary	Child Born Contolled Pellets	How long	137 V
Immediate	Septicemia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	For J. H. L. Berlin
Address			
Accident or Suicide			

PHYSICIAN  
OR CORONER



Mr. Geo. Winiford  
Gean City  
Ind.

Magistrate

Name  
in  
Full

Morris Ross

231  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at *Pocomoke Md.* County *Worcester* MARYLAND

Date of death 19010 *Feb.* Month *20.* Day *9* Age *9* Months *9* Days

Sex *Male* Color or Race *White.* Birth-place *Somerset Co.*

Occupation *—* Where Residing if not at place of death *Pocomoke.*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Carl Ross.* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Ellen Powell* Mother's Birthplace *Somerset Co.*

Name of person giving Information *Self.* How related to deceased *Mother.*

## CAUSES OF DEATH

Primary *Pneumonia.* How long *92* ✓ *Four days.*

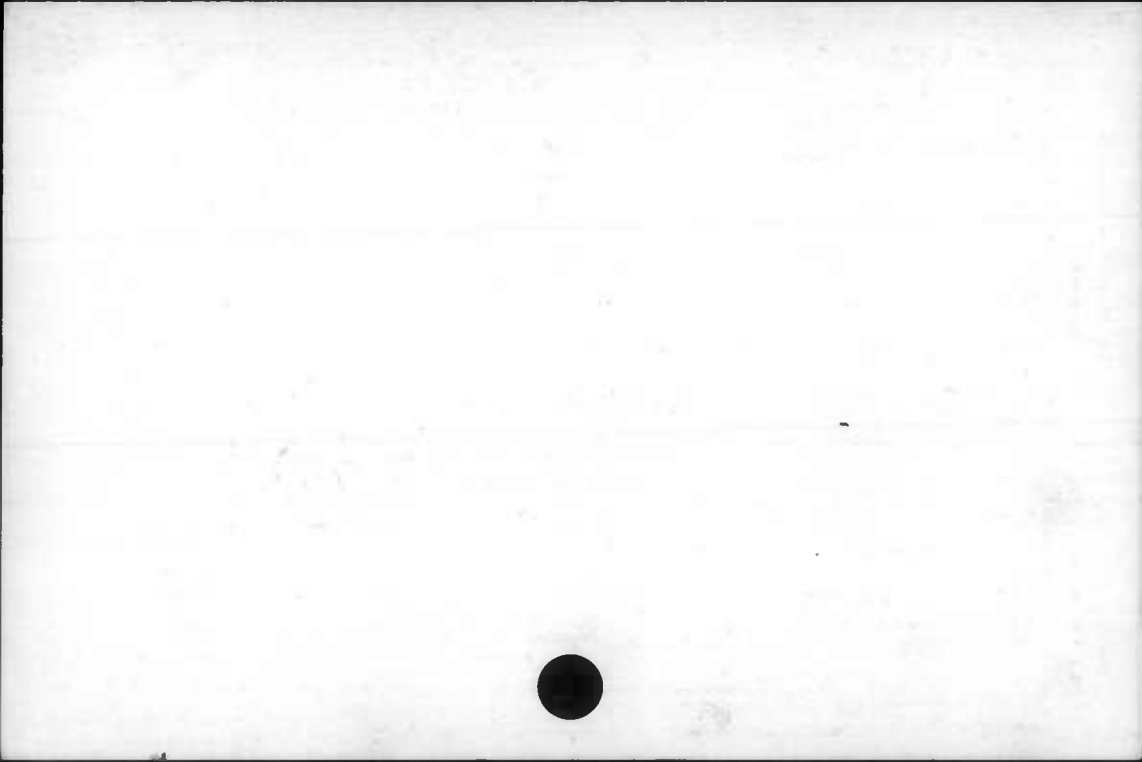
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. C. Levine* Address *Pocomoke Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Christopher C. Shupe

227  
CERTIFICATE OF DEATH

Died at Frederick Frederick MARYLAND

Date of death 1900 Feb 9 43 4

Sex Male Color or Race White Birth-place N. Y.

Occupation Quilter Where Residing if not at place of death Newark, N. J.

Married, Single or Widowed Single Name of Wife or Husband ✓

Father's Name George H. Shupe Father's Birthplace N. J.

Mother's Maiden Name Abigail Shupe Mother's Birthplace England

Name of person giving Information Mrs. G. H. Shupe How related to deceased Mother

CAUSES OF DEATH

Primary Heart Disease How long 4 mo

Immediate Apoplexy How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. M. Shupe

Accident or Suicide No Address Frederick City

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

229  
CERTIFICATE OF DEATH

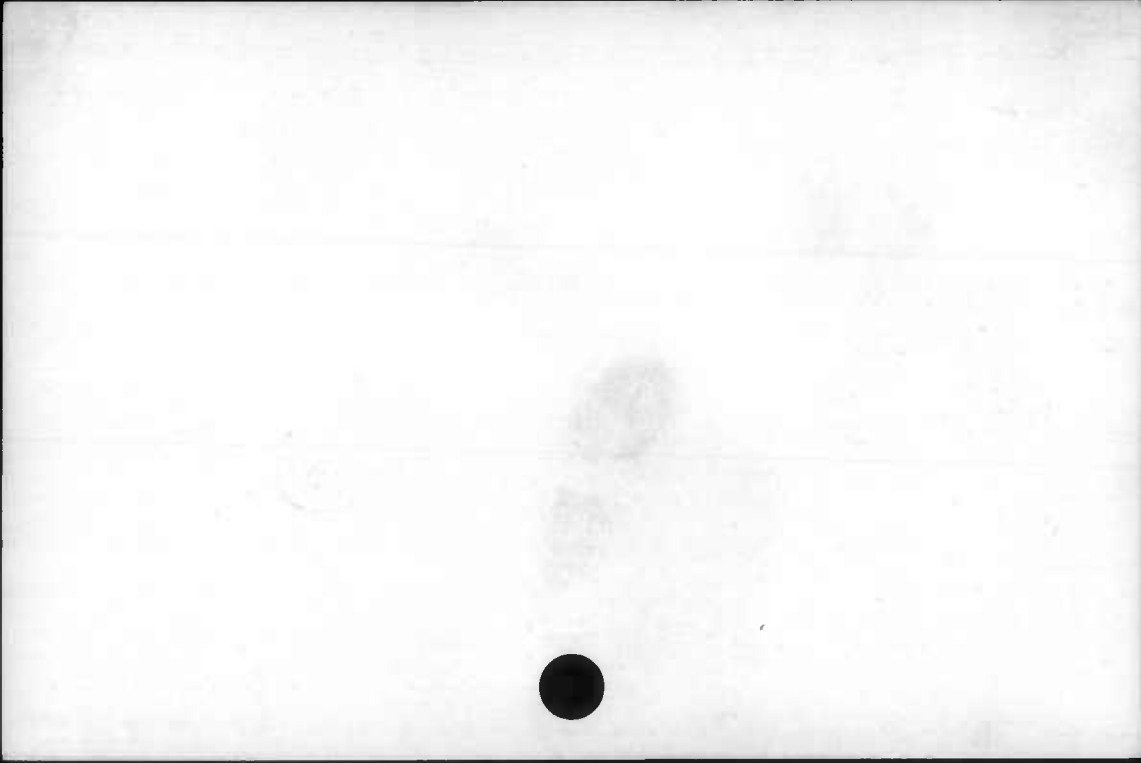
TO BE ANSWERED BY  
NEAREST FRIEND

near *Pocomoke* Town *St. Odley* County *Worcester* MARYLAND  
Died at  
Date of death 19*40* Month *Feb* Day *15* Age *—* Years *—* Months *—* Days *—*  
Sex *male* Color or Race *colored* Birth-place *Pocomoke city*  
Occupation *infant* Where Residing if not at place of death *near Pocomoke*  
Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Charles Stodley* Father's Birthplace *Maryland*  
Mother's Maiden Name *Hattie Quinn* Mother's Birthplace *Maryland*  
Name of person giving information *Betty Aydelotte* How related to deceased *Friend*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *—*  
Immediate *—* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Samuel S. Quinn*  
Address *Pocomoke city Md*  
Accident or Suicide



Name  
in  
Full

Esther webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Kelloggville</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>2</u>	Day <u>7</u>	Age <u>80</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birthplace <u>md</u>			
Occupation <u>Dwilled</u>	Where Residing if not at place of death <u>md</u>				
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of <del>hus</del> or Husband <u>David H webb</u>				
Father's Name <u>Isaac Redden</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Elizabeth mason</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Robert S. Tilghman</u>	How related to deceased <u>cousin</u>				

CAUSES OF DEATH

189

PHYSICIAN  
OR CORONER

Primary	How long <u>1 week</u>
Immediate <u>don't know no Physician</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm O. Payne, Jr</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>O.K.</u>	

